

POSITION	ID NO.	DATE
CLASSIFIER	<i>P</i>	<i>9/1/96</i>
EXAMINER	<i>298</i>	<i>9/1/96</i>
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND	<i>401</i>	<i>9/12/96</i>
FILE MAINT.		
DRAFTING		

Best Available Copy

INDEX OF CLAIMS

Claim	Date											
	Final	Original	1	2	3	4	5	6	7	8	9	10
1	✓											
2												
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SYMBOLS

- ✓ Rejected
- = Allowed
- (Through number) Canceled
- Restricted
- + Non-elected
- N Interference
- A Appeal
- O Objected

Claim	Date
42	1
51	2
43	3
52	4
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100	58

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